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Network Providers

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WORKAROUND FOR VOID CLAIMS

The Los Angeles County Department of Mental Health (DMH) has implemented a workaround for FFS Network Provider Direct Data Entry (DDE) claims that need to be voided for any reason. The Department has chosen this route to best allow FFS Network providers the opportunity to receive full reimbursement for claims submitted for specialty mental health services delivered rather than submitting these claims through the Alternate Dispute Resolution (ADR) – Appeals process, where claims are subject to deductions.

Attached to this bulletin is the Void Claim Form. Should you have any claims that need to be voided, complete this form in its entirety and submit it to the Provider Relations Unit either via fax at (213) 351-2024 and by email at FFS2@dmh.lacounty.gov.

Electronic Data Interchange (EDI) submitters please continue to use the "replace" function.

If you have any questions, feel free to contact the Provider Relations Unit at (213) 738-3311 or by email at FFS2@dmh.lacounty.gov.

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COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH OFFICE OF THE MEDICAL DIRECTOR

Provider Relations Unit

VOID CLAIM FORM

Billing Provider ID:

Please return this completed form to the Provider Relations Unit via fax at: (213) 351-2024 or email at: FFS2@dmh.lacounty.gov.

Billing Provider Name:

Service Location:		
IS Claim Number	Client's Medi-Cal CIN	Date of Service